Fill in this informa	ition to identify your cas	e:	
Debtor 1	Ronald T. Mcl	Neal	_
Debtor 2 (Spouse, if filing)	Jan M. McNea	ıl	-
United States Bar	nkruptcy Court for the:	SOUTHERN DISTRICT OF OHIO EASTERN DIVISION	_
Case number	2:14-bk-57410		Check if this is:
(If known)			■ An amended filing □ A supplement showing post-petition chapter 13 income as of the following date:

Official Form B 6I

Schedule I: Your Income

12/13

MM / DD/ YYYY

For Debtor 1 For Debtor 2 or

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Describe Employment Fill in your employment Debtor 1 Debtor 2 or non-filing spouse information. ■ Employed ■ Employed If you have more than one job, **Employment status** attach a separate page with ■ Not employed ■ Not employed information about additional employers. Occupation **Truck Driver Teacher's Aide** Include part-time, seasonal, or **Employer's name ABF Trucking South Western City Schools** self-employed work. **Employer's address** Occupation may include student 3801 Old Greenwood Rd 3805 Marlane Dr or homemaker, if it applies. Fort Smith, AR 72903 Grove City, OH 43123 How long employed there? 15 Years 23 Years

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

					non-	filing spouse
2.	List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.	2.	\$_	5,829.07	\$	2,043.40
3.	Estimate and list monthly overtime pay.	3.	+\$_	0.00	+\$ _	0.00
4.	Calculate gross Income. Add line 2 + line 3.	4.	\$	5,829.07	\$_	2,043.40

Official Form B 6I Schedule I: Your Income page 1

Debtor Debtor			Case number (if known)	2:14-bk-57410
			For Debtor 1	For Debtor 2 or non-filing spouse
C	Copy line 4 here	4.	\$ 5,829.07	\$2,043.40_
5. L	ist all payroll deductions:			
5 5 5 5	Tax, Medicare, and Social Security deductions Mandatory contributions for retirement plans Voluntary contributions for retirement plans Required repayments of retirement fund loans Insurance Domestic support obligations	5a. 5b. 5c. 5d. 5e. 5f.	\$ 1,418.21 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00	\$ 187.26 \$ 197.28 \$ 0.00 \$ 0.00 \$ 81.02 \$ 0.00
	ig. Union dues Ch. Other deductions. Specify:	5g. 5h.+	\$ 60.15 \$ 0.00	\$ <u>62.38</u> + \$ 0.00
	Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f	•	\$ 1,478.36	\$ 527.94
	Calculate total monthly take-home pay. Subtract line 6 from	n line 4. 7.	\$ 4,350.71	\$ <u>1,515.46</u>
8	List all other income regularly received: Net income from rental property and from operating profession, or farm Attach a statement for each property and business show receipts, ordinary and necessary business expenses, ar monthly net income. Interest and dividends E. Family support payments that you, a non-filing spouregularly receive	ving gross nd the total 8a. 8b. use, or a dependent	\$ 0.00 \$ 0.00	\$ <u>0.00</u> \$ <u>0.00</u>
	Include alimony, spousal support, child support, mainter settlement, and property settlement.	nance, divorce 8c.	\$ 0.00	\$ 0.00
8	Bd. Unemployment compensation	8d.	\$ 0.00	\$ 0.00
8	Se. Social Security	8e.	\$ 0.00	\$ 0.00
8	off. Other government assistance that you regularly recount line of the line o	non-cash assistance ne Supplemental	\$ 0.00	\$ 0.00
8	g. Pension or retirement income	8g.	\$0.00	\$0.0 <u>0</u>
8	Part-time at OSU the monthly income. Specify: footballo gams-n		\$ 58.52	+ \$ 0.00
9. A	Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8f	n. 9.	\$ 58.52	\$0.00
	Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filin	10. \$	4,409.23 + \$	1,515.46 = \$ 5,924.69
Ir o D	State all other regular contributions to the expenses that ynclude contributions from an unmarried partner, members of yother friends or relatives. Do not include any amounts already included in lines 2-10 or a Specify:	our household, your depen	.,	•
٧	Add the amount in the last column of line 10 to the amount Write that amount on the Summary of Schedules and Statistical applies			a, if it 12. \$ 5,924.69
13. D	Do you expect an increase or decrease within the year after	er you file this form?		Combined monthly income
I	 No. Yes. Explain: Debtor husband's delivery route income 	e was changed effectiv	re October 12, 2014	resulting in reduced

Official Form B 6I Schedule I: Your Income page 2

Fill	in this informa	ation to identify yo	ur case:					
Deb	otor 1	Ronald T. Mo	cNeal			Che	eck if this is:	
			·				An amended filing	
Deb	otor 2	Jan M. McNe	al					ving post-petition chapter
(Spo	ouse, if filing)						13 expenses as of	the following date:
Unit	ted States Bank	ruptcy Court for the:	: SOUTH	ERN DISTRICT OF OHIO	EASTERN		MM / DD / YYYY	
	se number 2 nown)	:14-bk-57410					A separate filing fo 2 maintains a sepa	r Debtor 2 because Debtor rate household
Of	fficial Fo	orm B 6J						
S	chedule	J: Your I	Exper	ses				12/13
Be info	as complete ormation. If n	and accurate as	possible. eded, atta	If two married people ar ch another sheet to this				
Par		ribe Your House	hold					
1.	Is this a joi							
	□ No. Go to							
	■ Yes. Do e	es Debtor 2 live i	n a separa	ate household?				
	■ N		st file a sep	arate Schedule J.				
2.	Do you hav	ve dependents?	□ No					
	-	Debtor 1 and	Yes.	Fill out this information for each dependent	Dependent's relatior Debtor 1 or Debtor 2		Dependent's age	Does dependent live with you?
	Do not state	the						□ No
	dependents				Daughter		Adult	■ Yes
								□ No
								☐ Yes
								☐ No
							_	☐ Yes
								□ No
•	D		_					☐ Yes
3.	expenses of	penses include of people other the od your depender	han $_{oldsymbol{\square}}$	No Yes				
Par	t 2: Estim	nate Your Ongoi	ng Monthi	y Expenses				
exp	imate your e	xpenses as of yo a date after the b	our bankrı	uptcy filing date unless y y is filed. If this is a supp	ou are using this for elemental <i>Schedule J</i>	m as a s , check	upplement in a Cha the box at the top o	apter 13 case to report f the form and fill in the
the		h assistance and		government assistance is luded it on Schedule I: Y			Your exp	enses
4.		or home owners nd any rent for the		ses for your residence. In	nclude first mortgage	4.	\$	859.00
	If not include	ded in line 4:						
	4a. Real	estate taxes				4a.	\$	0.00
		erty, homeowner's	s, or renter	's insurance		4b.		0.00
	4c. Home	e maintenance, re	pair, and u	ıpkeep expenses		4c.	\$	250.00
		eowner's associat				4d.	\$	0.00
5	Additional	mortagaa navma	anta far w	ur recidence such as ho	ma aquity laana	_	Φ.	122.60

	tor 1 tor 2	Ronald T. McNeal Jan M. McNeal	Case num	ber (if known)	2:14-bk-57410
6.	Utilit	ies:			
	6a.	Electricity, heat, natural gas	6a.	\$	289.00
	6b.	Water, sewer, garbage collection	6b.	\$	87.00
	6c.	Telephone, cell phone, Internet, satellite, and cable services	6c.	\$	72.00
	6d.	Other. Specify: Cable & internet	6d.	\$	152.00
		Cell phones		\$	100.00
7.	Food	and housekeeping supplies	7.	\$	658.00
8.	Child	dcare and children's education costs	8.	\$	0.00
9.	Clot	hing, laundry, and dry cleaning	9.	\$	165.00
10.	Pers	onal care products and services	10.	\$	160.00
11.		ical and dental expenses	11.	\$	185.00
12.	Tran	sportation. Include gas, maintenance, bus or train fare.			
		ot include car payments.	12.	\$	622.00
13.	Ente	rtainment, clubs, recreation, newspapers, magazines, and books	13.	\$	50.00
14.	Cha	itable contributions and religious donations	14.	\$	450.00
15.	Insu	rance.			
		ot include insurance deducted from your pay or included in lines 4 or 20.		_	
		Life insurance	15a.		0.00
		Health insurance	15b.		0.00
		Vehicle insurance	15c.	\$	114.00
		Other insurance. Specify:	15d.	\$	0.00
	Spec	•	16.	\$	0.00
17.		allment or lease payments:		_	
		Car payments for Vehicle 1	17a.	·	0.00
		Car payments for Vehicle 2	17b.	\$	0.00
		Other. Specify:	17c.	\$	0.00
		Other. Specify:	17d.	\$	0.00
18.		payments of alimony, maintenance, and support that you did not report as acted from your pay on line 5, <i>Schedule I, Your Incom</i> e (Official Form 6I).	18.	\$	0.00
19.	Othe	r payments you make to support others who do not live with you.		\$	0.00
	Spec	·	19.		
20.		er real property expenses not included in lines 4 or 5 of this form or on Scho			
		Mortgages on other property	20a.		0.00
		Real estate taxes	20b.		0.00
	20c.	Property, homeowner's, or renter's insurance	20c.	\$	0.00
	20d.	Maintenance, repair, and upkeep expenses	20d.	\$	0.00
	20e.	Homeowner's association or condominium dues	20e.	\$	0.00
21.	Othe	r: Specify: Work lunches	21.	+\$	160.00
00	V	- manth by average Add lines A through OA		¢.	4.405.00
22.		r monthly expenses. Add lines 4 through 21. result is your monthly expenses.	22.	\$	4,495.69
23		ulate your monthly net income.			
23.		Copy line 12 (your combined monthly income) from Schedule I.	23a.	•	5,924.69
		Copy your monthly expenses from line 22 above.	23b.		
	230.	Copy your monthly expenses from line 22 above.	230.	-φ	4,495.69
	23c.	Subtract your monthly expenses from your monthly income. The result is your <i>monthly net income</i> .	23c.	\$	1,429.00
24.	For e				ease or decrease because of a
	Expla				

Case 2:14-bk-57410 Doc 25 Filed 03/02/15 Entered 03/02/15 09:44:48 Desc Main Document Page 5 of 5

B6 Declaration (Official Form 6 - Declaration). (12/07)

United States Bankruptcy Court Southern District of Ohio Eastern Division

In re	Ronald T. McNeal Jan M. McNeal		Case No.	2:14-bk-57410	
		Debtor(s)	Chapter	13	

DECLARATION CONCERNING DEBTOR'S SCHEDULES - AMENDED

DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

	I declare under penalty of perjusheets, and that they are true and correct	•	ad the foregoing summary and schedules, consisting of y knowledge, information, and belief.	21
Date	February 27, 2015	Signature	/s/ Ronald T. McNeal Ronald T. McNeal Debtor	
Date	February 27, 2015	Signature	/s/ Jan M. McNeal	

Penalty for making a false statement or concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. §§ 152 and 3571.

Jan M. McNeal Joint Debtor